



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4806 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

## Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name  
**Celestino-Horseman for Judge**

2. Acronym or Abbreviated Name (if any)  
N/A

3. Committee Telephone Number  
( 317 ) 201-0391

4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address  
525 Stevens St.

5. City, State, ZIP Code  
Indianapolis, IN 46203

6. Party Affiliation (if applicable)  
Democrat

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)  
Karen Celestino-Horseman

8. Party Affiliation or if Independent Candidate

9. Office Sought (Include district number, if any. Not required for exploratory committee.)  
Superior Court Judge

10. County of Residence  
Marion

### TYPE OF REPORT

### CONVENTION CANDIDATES ONLY

11. Check one:  
☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other  
☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days of Statement of Organization)

- Check one:  
☐ Pre-Convention  
☐ Post-Convention

12. Reporting Period: From: Jan. 1, 2015 Through: Dec. 31, 2015	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	\$3,492.84	
14. Cash on hand and investments January 1, current year.		
<b>CONTRIBUTIONS AND RECEIPTS</b>		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (use Schedule A)	-0-	-0-
15b. Unitemized	-0-	-0-
15c. Add lines 15a and 15b in both columns <b>SUBTOTAL</b>	-0-	-0-
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B <b>TOTAL</b>	-0-	-0-
<b>EXPENDITURES</b>		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	\$2,402.84	\$2,402.84
17b. Unitemized	-0-	-0-
17c. Add lines 17a and 17b in both columns <b>SUBTOTAL</b>	\$2,402.84	\$2,402.84
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) <b>TOTAL</b>	\$1,090.00	\$1,090.00
19. Debts OWED BY the committee (use Schedule D)	-0-	
20. Debts OWED TO the committee (use Schedule E)	-0-	

### CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer *[Signature]* Title Treasurer Date 1/19/2015  
 Signature of Candidate (if applicable) *[Signature]* Date 1/20/15

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-9) A person who knowingly receives information from a person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

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 1/19/2015  
 1/20/15  
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IS THIS AN AMENDMENT? ☐ Yes ☒ No

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization)

☐ Check if this is a new name

Celestino-Horseman for Judge

2. Acronym or Abbreviated Name (if any)

N/A

3. Committee Telephone Number

( 317 ) 201-0391

4. Mailing Address (address where all campaign finance correspondence is received)

☐ Check if this is a new address

525 Stevens St.

5. City, State, ZIP Code

Indianapolis, IN 46203

6. Party Affiliation (if applicable)

Democrat

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)

Karen Celestino-Horseman

8. Party Affiliation or If Independent Candidate

9. Office Sought (Include district number, if any. Not required for exploratory committee.)

Superior Court Judge

10. County of Residence

Marion

### TYPE OF REPORT

11. Check one:

☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other \_\_\_\_\_  
☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

### CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention  
☐ Post-Convention

12. Reporting Period:

From: Jan. 1, 2015

Through: Dec. 31, 2015

COLUMN A  
This PeriodCOLUMN B  
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

\$3,492.84

14. Cash on hand and investments January 1, current year.

### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

-0-

-0-

15b. Unitemized

-0-

-0-

15c. Add lines 15a and 15b in both columns

SUBTOTAL

-0-

-0-

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

-0-

-0-

### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

\$2,402.84

\$2,402.84

17b. Unitemized

-0-

-0-

17c. Add lines 17a and 17b in both columns

SUBTOTAL

\$2,402.84

\$2,402.84

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

\$1,090.00

\$1,090.00

19. Debts OWED BY the committee (use Schedule D)

-0-

20. Debts OWED TO the committee (use Schedule E)

-0-

### CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Title

Date

Treasurer

1/19/2015

Signature of Candidate (if applicable)

Date

1/20/15

**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-9) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Act is subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

Received Time: Jan. 20, 2016 11:58AM No. 8695 subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

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# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES



**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures **totaled on ITEM 17a** of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, **regardless of amount** paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

Page 2 of 3

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>C</u> Karen Celestino-Horseman One North Pennsylvania, Suite 220 Indianapolis, IN 46204		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Purpose: Reimb. for donation to Eddie Barnes for Indy	\$200.00	\$200.00	03/02/15
Code <u>C</u> Karen Celestino-Horseman One North Pennsylvania, Suite 220 Indianapolis, IN 46204		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Purpose: Reimb. for donation to Frank Mascari for District 21	\$200.00	\$200.00	03/02/15
Code <u>C</u> Karen Celestino-Horseman One North Pennsylvania, Suite 220 Indianapolis, IN 46204		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Purpose: Reimb. for donation to Donnelly for Indiana	\$250.00	\$250.00	05/29/15
Code <u>C</u> Karen Celestino-Horseman One North Pennsylvania, Suite 220 Indianapolis, IN 46204		<input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Fundraiser for Jon Easter for City-County Council	\$343.00	\$343.00	07/22/15
Code <u>C</u> Karen Celestino-Horseman One North Pennsylvania, Suite 220 Indianapolis, IN 46204		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Purpose: Reimb. for expenses for IDEA	\$59.84	\$59.84	08/23/15
Code <u>C</u> Karen Celestino-Horseman One North Pennsylvania, Suite 220 Indianapolis, IN 46204		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Purpose: Reimb. for donation to (Tom) Hanniffy 8DVP	\$100.00	\$100.00	08/31/15
Code <u>C</u> Karen Celestino-Horseman One North Pennsylvania, Suite 220 Indianapolis, IN 46204		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Purpose: Reimb. for donation to Indianapolis Humane Society	\$250.00	\$250.00	11/05/15
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$1,402.84		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> (Enter total on ITEM 17a of the Summary Sheet)			\$2,402.84		

Received Time Jan. 20, 2016 12:02PM No. 8697



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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FILE NUMBER

Page 3 of 3

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>C</u> Karen Celestino-Horseman One North Pennsylvania, Suite 220 Indianapolis, IN 46204		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other _____ Purpose: Indiana House Democratic Caucus	\$50.00	\$50.00	12/21/15
Code <u>C</u> Karen Celestino-Horseman One North Pennsylvania, Suite 220 Indianapolis, IN 46204		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other _____ Purpose: Indiana Democratic Party Holiday Party	\$75.00	\$75.00	12/11/15
Code <u>C</u> Karen Celestino-Horseman One North Pennsylvania, Suite 220 Indianapolis, IN 46204		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other _____ Purpose: Reimb. for Indiana Democratic Party Jefferson/Jackson	\$125.00	\$125.00	04/10/15
Code <u>C</u> Karen Celestino-Horseman One North Pennsylvania, Suite 220 Indianapolis, IN 46204		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other _____ Purpose: Reimb. donation for Indianapolis Humane Society	\$500.00	\$500.00	05/01/15
Code <u>C</u> Karen Celestino-Horseman One North Pennsylvania, Suite 220 Indianapolis, IN 46204		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other _____ Purpose: Reimb. donation to Hogshead for Mayor	\$250.00	\$250.00	07/21/15
Code <u>C</u>		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$1,000.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b>			\$2,402.84		